

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-009412

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 542

Registrar's No. 378

FILED FEB 23 1962

## 1. PLACE OF DEATH

a. COUNTY **St. Louis**b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **Ferguson**Length of stay in lb  
**41 Yrs.**c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **105 S. Harvey Ave.**Inside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTY **St. Louis**c. CITY  
OR TOWN **Ferguson**Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
**105 S. Harvey Ave.**Reside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

**Frank**

Middle

**H.**

Last

**Schuler**

## 4. DATE OF DEATH

Month Day Year  
**1-28-62**

## 5. SEX

**Male**

## 6. COLOR OR RACE

**White**

## 7. Married

☒ Never Married ☐ Divorced ☐

## 8. DATE OF BIRTH

**4-13-85**

## 9. AGE (last birthday)

**76 Yrs.**

## IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Retired**10b. KIND OF BUSINESS OR INDUSTRY  
**Milk Driver**11. BIRTHPLACE (City and state or country)  
**St. Louis, Mo.**12. CITIZEN OF WHAT COUNTRY  
**USA**

## 13a. FATHER'S NAME

**Francis Schuler**

## 13b. MOTHER'S MAIDEN NAME

**Lena Pieper**

## 14. NAME OF HUSBAND OR WIFE

**Clara Krey Schuler**

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
**Yes 1907 to 1910**

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

## Address

**Mrs. Dorothy Perry Ferguson, Mo.**18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Carcinoma of stomach**

## INTERVAL BETWEEN ONSET AND DEATH

**7 mos**Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour Month, Day, Year.  
a.m. p.m.20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from **June 16, 61** to **Jan 28, 62** and last saw him alive on **1-27-62**  
Death occurred at **4:30 PM** on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

## 23b. DATE

**1-31-62**

## 23c. NAME OF CEMETERY OR CREMATORY

**Memorial Park Cemetery**

## 23d. LOCATION (City, town, or county)

**St. Louis County, Mo.**

## 24. FUNERAL DIRECTOR

## ADDRESS

**White-Mullen 118 N. Florissant Rd. Ferg.**

## 25. DATE RECD. BY LOCAL REG.

**1-30-62**

## 26. REGISTRAR'S SIGNATURE

**John C. Murphy Md.**

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Reinhold K. Lohrmann

Licensed Embalmer No. 3395

P. O. Address St. Louis 35 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.